+ $4$942 (95% CI $3509 to $6375) more in mean total costs compared to cerebrovascular (CeVd) patients respectively. A history of atrial fibrillation (Af), PAD and diabetes will further be considered. This study was not adequately powered to show a clinically meaningful impact of these variables. Nevertheless, an analysis found that significant predictors of resource utilization and medical costs were PAD, AF, and diabetes. These results highlight the need for policies that target reducing the number of co-morbidities, which will decrease the incidence of PAD, AF and diabetes in population, given current and projected burden. This data provide the necessary framework for economic evaluations of health interventions.

PCV65 VARIATIONS OF HEALTH CARE CONSUMPTION IN MANAGEMENT OF ATRIAL FIBRILLATION PATIENTS IN THE ACUTE CARE SETTING: THE RHYTHM AF STUDY
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OBJECTIVES: There are few large trials devoted to atrial fibrillation (Af) management in the acute care setting, and no standardized strategy in place. METHODS: RHYTHM-AF is a prospective observational study fielded in 10 countries. Patients considered for cardioversion (electrical, CV, or pharmacological, PCV) were enrolled between May 2010 and April 2011 (n = 3397). We compared medical resource (MR) and median lengths of stay (LoS) calculated as discharge minus admission time. RESULTS: Patients’ serum haemoglobin and creatinine were measured most frequently in Spain (99.0%), in Poland (99.0%) and least in the Netherlands (49.7% and 96.7%). Thyroid hormone levels were most often available in Germany (78.6%) and frequently in Spain (99.4% and 99.0%) and least in the Netherlands (49.7% and 96.7%). LoS varied by region and mode of CV. Australia (66% ECV), the Netherlands (77 %), Sweden (96%) and UK (85%) had LoS < 24 hrs. Among those whose primary mode of cardioversion was ECV, the LoS was highest in Poland (51% ECV) at a median of 54 hours, in Germany (95%) at 53 hours and in France (81%) at 46 hrs. Among those on PCV, France (20%) and Australia (35%) had the highest LoS at 192 and 140 hrs, respectively, the Netherlands (23%) and Spain (79%) the lowest, at 5 and 10 hrs. CONCLUSIONS: There is regional variability in MR and LoS among Af patients. Several patient-, physician-, and/or environmental-level factors may contribute to this variation. Further research examining factors which may contribute to and result from extensive hospital stays and diagnostic procedures and to assess whether the variability of these are associated with one another is warranted to further inform clinical practice and quality of care.

PCV66 PHARMACY COST SHARING, ANTIPLATELET THERAPY UTILIZATION, AND HEALTH OUTCOMES FOR PATIENTS WITH ACUTE CORONARY SYNDROME
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OBJECTIVES: To examine how cost sharing for prescription drugs affects compliance with antiplatelet therapy and subsequent health outcomes among patients with acute coronary syndrome (ACS). METHODS: A retrospective outcomes study using longitudinal data from medical and pharmaceutical claims of a large employer health plan enrolled at health plans offered by 26 large employers drawn from all regions of the country. A total of 14,325 patients were diagnosed as having ACS and underwent coronary stent implantation between 2002 and 2005. Each patient was followed up by CoMac Analytics based on a linguistic analysis of patient talk and the MARS-5 categorizing patients into worldview segments, we identified wide differences in behavioral segments and medication adherence levels by segment for a hypertensive population. METHODS: Patients from MediGuard.org and other online line patient panels in the UK, Germany, Italy, France, Poland and UK were invited to participate in a web-based survey that included a patient segmentation instrument developed by Latent Class Analysis on a sample of 1,100 patients. MARS-5 self-reported adherence instrument. Subjects were screened to have a diagnosis of hypertension and treatment with at least one anti-hypertensive agent. RESULTS: 535 patients completed the online survey in August/September 2011 and were categorized against three different behavioral domains: control orientation [176 (50%)] internal, [177 (50%)] external, [177 (50%)] ambivalent, [176 (50%)]; emotion [100 (29%)] N+negative, [176 (44%)] H-high agency, [177 (46%)] L=low agency]. Domains were grouped into 8 clusters with EPH and EPH arising as the most common (88 respondents (25%) in each cluster). The prevalence of other behavior clusters ranged from 6% (22 respondents, INH) to 12% (41 respondents, IPL). The proportion of patients defined as adherent (scored 25 on MARS-5) varied sharply across the segments: 51% adherent (45 of 88 respondents) with at least one hypertensive agent for the EPH and 8% adherent (2 of 25 respondents) classified as INL. Side effects, being employed, and stopping medicine because the patient got better were all significant in a promotive of adherence, a proximally right regression model. CONCLUSIONS: By categorizing patients into worldview segments, we identified wide differences in adherence that can be used to prioritize interventions and to customize adherence messages.

PCV67 EXAMINING MEDICATION ADHERENCE AND LOW DENSITY LIPOPROTEIN-CHOLESTEROL (LDL-C) GOALS AMONG TRICARE BENEFICIARIES RECEIVING STATIN THERAPY FOR SECONDARY PREVENTION OF CORONARY HEART DISEASE IN US MILITARY TREATMENT FACILITIES
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OBJECTIVES: To examine statin adherence among TRICARE-D and MCF-LD-C targeted treatment goals (TTGs) among TRICARE beneficiaries receiving treatment for secondary prevention of coronary heart disease (CHD) at US Military Treatment Facilities (MTFs). METHODS: Retrospective cohort database study examining TRICARE beneficiaries 18-75 years of age, receiving medical services for a primary CHD event at an MTF between Jan-1-2004 and Dec-31-2008. Of the 20,658 MTF patients receiving statintherapy for CHD, 3,676 had an LDL-C value recorded during subsequent 6-month (M6), 12-month (M12) and 18-month (M18) periods. TTGs were defined using ATPIII-NCEP Guidelines (i.e., LDL-C value<100/mg/dL). Drug adherence was measured using the Medication Possession Ratio (MPR) at M6,M12, and M18. Persistence was measured at time t = 35% or patients were still taking statin at time t = 35%. Using MARS-5 to define adherence status, omnibus, statin switching, dosage titrations and other lipid-lowering therapies. Logistic and Cox regressions were conducted to assess predictors of TTT and adherence/persistence: RESULTS: The CHD cohort was 75% male, mean age 58 (SD=9.3) years. The percent of patients adherent (M>0.80) with statin therapy was 85% at M6, 79% at M12, and 78% at M18. Older diabetic patients were more adherent and at TTT. Adjusting for covariates, adherent patients were more likely to be at TTT in M6,M12, and M18 (OR=1.98[1.62-2.42], 2.69[2.5-3.2], and 2.93[2.44-3.52], respectively). Overall mean persistence to statins was 330 (SD=179) days estimated. Approximately 68% of patients were persistent at M6, 50% at M12, and 47% at M18. Patients at TTT were less likely to experience a gap in therapy at M6,M12, and M18 (OR=0.83[0.78-0.89],0.80[0.76-0.84], and 0.80[0.77-0.84]). CONCLUSIONS: This study demonstrated the potential economic benefits of any intervention aiming at reducing the risk of aspiration when considering the high costs of associated pneumonia.

CARDIOVASCULAR DISORDERS – Patient-Reported Outcomes & Patient Preference Studies

PCV69 VARIANCE IN MEDICATION ADHERENCE BY PATIENT BEHAVIORAL SEGMENT: A MULTI-COUNTRY STUDY IN HYPERTENSION
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OBJECTIVES: The objective of this study was to determine the prevalence of patient behavioral segments and medication adherence levels by segment for a hypertensive patient population. METHODS: Members from MediGuard.org and other online line patient panels in the UK, Germany, Italy, France, Poland and UK were invited to participate in a web-based survey that included a patient segmentation instrument developed by Latent Class Analysis on a sample of 1,100 patients. MARS-5 self-reported adherence instrument. Subjects were screened to have a diagnosis of hypertension and treatment with at least one anti-hypertensive agent. RESULTS: 535 patients completed the online survey in August/September 2011 and were categorized against three different behavioral domains: control orientation [176 (50%) internal, [177 (50%) external, [177 (50%) ambivalent, [176 (50%)]; emotion [100 (29%)] N+negative, and agency to act on choices [227 (64%) N=high agency, 126 (36%) N=low agency]. Domains were grouped into 8 clusters with EPH and EPH arising as the most common (88 respondents (25%) in each cluster). The prevalence of other behavior clusters ranged from 6% (22 respondents, INH) to 12% (41 respondents, IPL). The proportion of patients defined as adherent (scored 25 on MARS-5) varied sharply across the segments: 51% adherent (45 of 88 respondents) for the EPH and 8% adherent (2 of 25 respondents) classified as INL. Side effects, being employed, and stopping medicine because the patient got better were all significant in a promotive of adherence, a proximally right regression model. CONCLUSIONS: By categorizing patients into worldview segments, we identified wide differences in adherence that can be used to prioritize interventions and to customize adherence messages.